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PTO/SB/21 (09-04)
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| | | | |
|---|----------------------|------------------------|-------------------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 09/686,263 | |
| | Filing Date | October 10, 2000 | |
| | First Named Inventor | Syroid et al. | |
| | Art Unit | 3763 | |
| | Examiner Name | A. Ahmed | |
| Total Number of Pages in This Submission | 13 | Attorney Docket Number | 3102-5938US (U-3103 (4314 P)) |

| ENCLOSURES (check all that apply) | | |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Supplemental Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks The Commissioner is authorized to charge any additional fees required but not submitted with any document or request requiring fee payment under 37 C.F.R. §§ 1.16 AND 1.17 TO Deposit Account 20-1469 during pendency of this application. | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|-------------------|----------|--------|
| Firm | Tresk Britt, P.C. | | |
| Signature | | | |
| Printed Name | Brick G. Power | | |
| Date | February 9, 2006 | Reg. No. | 38,581 |

| CERTIFICATE OF TRANSMISSION/MAILING | | | |
|---|--------------|------|------------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. | | | |
| Signature | | | |
| Typed or printed name | Erika Gandre | Date | February 9, 2006 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

Complete if Known

FEE TRANSMITTAL **for FY 2006**

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 225

| | |
|----------------------|-------------------------------|
| Application Number | 09/686,263 |
| Filing Date | 10/10/2000 |
| First Named Inventor | Syroid et al. |
| Examiner Name | A. Ahmed |
| Art Unit | 3763 |
| Attorney Docket No. | 3102-5938US (U-3103 (4314 P)) |

METHOD OF PAYMENT (check all that apply)
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : _____

☒ Deposit Account Deposit Account Number: 20-1469 Deposit Account Name: TraskBritt, PC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below

☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s)

☒ Credit any overpayments

Under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.
FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|----------------------|-------------|----------------------|------------------|----------------------|----------------|
| | Fee (\$) | Small Entity Fee(\$) | Fee(\$) | Small Entity Fee(\$) | Fee(\$) | Small Entity Fee(\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | _____ |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | _____ |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | _____ |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | _____ |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | _____ |

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

| Fee (\$) | Small Entity Fee (\$) |
|----------|-----------------------|
| 50 | 25 |
| 200 | 100 |
| 360 | 180 |

| Total Claims | Extra Claims | Fee(\$) | Fee Paid (\$) |
|--------------|--------------|---------|---------------|
| 44 | -35 or HP= 9 | x 25 = | 225 |

HP = highest number of total claims paid for, if greater than 20.

| Indep. Claims | Extra Claims | Fee(\$) | Fee Paid (\$) |
|---------------|--------------|---------|---------------|
| 3 | - 3 or HP= 0 | x 100 = | 0 |

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|---------------|--|----------|---------------|
| _____ | - 100 = _____ | / 50 = _____ (round up to a whole number) x | = | _____ |

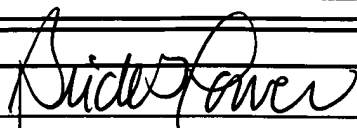
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) : _____

SUBMITTED BY

Signature


Registration No.
(Attorney/Agent)

38,581

Telephone

801-532-1922

Name (Print/Type)

Brick G. Power

Date

2/9/06

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Syroid et al.

Serial No.: 09/686,263

Filed: October 10, 2000

For: METHOD AND APPARATUS FOR
MONITORING ANESTHESIA DRUG
DOSAGES, CONCENTRATIONS AND
EFFECTS USING N-DIMENSIONAL
REPRESENTATIONS OF CRITICAL
FUNCTIONS

Confirmation No.: 5909

Examiner: A. Ahmed

Group Art Unit: 3763

Attorney Docket No.: 3102-5938US

CERTIFICATE OF MAILING

I hereby certify that this correspondence along with any attachments referred to or identified as being attached or enclosed is being deposited with the United States Postal Service as First Class Mail on the date of deposit shown below with sufficient postage and in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

February 9, 2006
Date


Signature

Name (Type/Print)

SUPPLEMENTAL AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This Supplemental Amendment follows the Amendment of December 30, 2005, which was fully responsive to the Office Action of September 30, 2005, and is being submitted prior to another action on the merits of the claims that are currently pending and under consideration in the above-referenced application.

A listing of the claims, in which revisions to the claims are presented, begins on page 2 of this paper; and

Remarks start at page 9 of this paper.